

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date September 22, 1980 Application Number DHR 80-27	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Deputy Commissioner - Program Management / Program Analysis Room 627-S 47 Trinity Ave., SW Atlanta, Georgia 30334	ARCHIVES AND HISTORY Application Number 80-369 Date Received SEP 23 1980 Date Completed OCT 2 1980
2. Person to Contact Dr. Rebecca Burgess Working Title Director, Program Analysis Telephone Number 656-4388		
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest 4/1/76 Latest to present	5. Records Series Title (followed by title used in office, if different) Department of Human Resources Human Research Review Board Project Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Department of Human Resources, through the leadership of the Commissioner, is responsible for planning, organizing, directing, coordinating, and controlling the delivery of services to residents of Georgia. Included are: diagnosis and treatment of mental disorders; control of physical health programs; administration of public assistance programs; Federal Food Programs; administration of the delivery systems for services to indigents, children and adolescents; administration of programs which enable the non-productive members of society (blind, physically and mentally handicapped) to function as productive members of society; administration of programs for the elderly; evaluation of programs of the Department, and suggesting improvements in these programs; and supportive services.</p>		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: approving applications for research projects consisting of studying behavior patterns of individuals. Included are: forms: (Initial Research Proposal) shows name and position/affiliation of principal investigator; names and titles of sponsor and other persons involved in project; title of research project and estimated duration; goals of research; methods of research; if human subjects are to be used in this research; resources to be used (already available, from other sources and listing of resources to be incorporated into the project; and health care agency to be called in event situation; how research is related to patient subject; what safeguards will be taken. form concerning: the rights and welfare of the individuals participating in the project? the appropriateness of methods used to secure informed consent; and the risks and potential medical benefits of the investigation. (Request for Approval of Research Activity Involving Human Subjects) shows date and place research activity involving human subjects to be conducted; period of time; title of project; principle investor's name, address; project director name and title; whether or not project requires grant funding. requires any information which is not routinely collected, data will be handled by investigator in individually identifiable form, requires linkage of data originating outside the facility or division, requires special data collection, requires an experimental or other manipulation of the subject for research purposes, requires the withholding of services or benefits normally received, and whether or not, in the opinion of the investigator, there is any predictable risk of physical or psychological pain or discomfort or social injury to subjects; (Agreement) for carrying out requirements by the Research Board; narrative description of the project (Consent Form) for individual's participation and signed by patient, investigator, and witness with date; status report for showing update on the project, and signed by the investigator; a summary report of the project; and an evaluation of the project, by the Human Research Review Committee, with signatures to show the project has complied with the provisions of the DHEW directive and the DHR procedure for protection of The file is arranged: numerically by project number.		
8. Monthly Reference Rate How often are records referred to which are: _____ of human subjects. One to six months old _____ : Seven to twelve months old _____ : Thirteen to twenty-four months old _____ : twenty-five months and older _____ ? twice a year during research project		
9. Annual Rate of Accumulation or Records Letter-size drawers 2 - 3 : Legal-size drawers _____ : Shelves _____ : Other (Specify) _____		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. records contain names which require confidentiality
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value? Audit -- Federal / DHR
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | 5 years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

attached

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.

☒ Other (Specify)

Upon completion of project remove file from active file and place in inactive file; cut-off inactive file at end of each fiscal year, then transfer to State Records Center, hold 5 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Rebecca Burgess	9-15-80	Elizabeth W. Crank	9/22/80

Elizabeth W. Crank, CRM

State Records Committee (Signature)

Date

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

State Auditor/Designee	[Signature]	9-30-80
Secretary of State/Designee	Carroll Hart	9-26-80
Attorney General/Designee	[Signature]	10/1/80